

APPEAL - CRIMINAL

JD-SC-29 Rev. 5-06
P.B. §§ 3-8, 62-7, 62-8, 63-3, 63-4
C.G.S. §§ 51-197f, 52-470

- TO SUPREME COURT
 TO APPELLATE COURT

INSTRUCTIONS TO PARTIES

1. Prepare on typewriter.
2. Sign "Appeal" and "Certification" sections below.
3. Submit to the trial court clerk. Pay fee if applicable.
4. File a copy of the endorsed appeal form together with the papers required by P.B. § 63-4 with the Appellate Clerk.

INSTRUCTIONS TO TRIAL COURT CLERK

1. Endorse on the original appeal form the date and time of filing and the receipt, or waiver, of fees.
2. Make three copies of the endorsed appeal form. Give one copy to the appellant, send one copy to the trial judge and send one copy to the office of the chief state's attorney, appellate bureau.

NAME OF CASE

CLASSIFICATION

<input type="checkbox"/> APPEAL	<input type="checkbox"/> CROSS APPEAL	<input type="checkbox"/> JOINT APPEAL	<input type="checkbox"/> AMENDED APPEAL	<input type="checkbox"/> STIPULATION FOR RESERVATION	<input type="checkbox"/> CORRECTED APPEAL FORM	OTHER (Specify) _____
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TRIAL COURT HISTORY

TRIED TO <input type="checkbox"/> COURT <input type="checkbox"/> JURY <input type="checkbox"/> MAGISTRATE		TRIAL COURT LOCATION			
TRIAL COURT JUDGE(S)				LIST ALL TRIAL COURT DOCKET NUMBERS	
JUDGMENT FOR <input type="checkbox"/> STATE OF CONNECTICUT <input type="checkbox"/> DEFENDANT					
JUDGMENT DATE	DATE FOR FILING APPEAL EXTENDED TO		DATE OF ISSUANCE OF NOTICE ON ANY ORDER ON ANY MOTION WHICH WOULD RENDER JUDGMENT INEFFECTIVE		
CASE TYPE <input type="checkbox"/> INFRACTION <input type="checkbox"/> JUVENILE <input type="checkbox"/> FELONY/MISDEMEANOR <input type="checkbox"/> OTHER (Specify) _____					

APPEAL

APPEAL FILED BY <input type="checkbox"/> STATE OF CONNECTICUT <input type="checkbox"/> DEFENDANT _____ <input type="checkbox"/> OTHER _____					
FROM (the action which constitutes the final judgment): _____					
IF THIS APPEAL IS TAKEN BY THE STATE OF CONNECTICUT, GIVE NAME OF JUDGE GRANTING PERMISSION TO APPEAL AND DATE OF ORDER					
IF TO SUPREME COURT, STATUTORY BASIS FOR THE APPEAL (C.G.S. § 51-199)					
BY (Signature of attorney or pro se party) X		TELEPHONE NO.	FACSIMILE NO.	JURIS NO. (If applicable)	

APPEARANCE

TYPE NAME AND ADDRESS OF PERSON SIGNING ABOVE (This is your appearance; see P.B. § 62-8)					
"X" ONE IF APPLICABLE					
<input type="checkbox"/> Pursuant to P.B. § 62-8, counsel who files this appeal shall be deemed to have appeared in addition to counsel of record who appeared in the trial court.					
<input type="checkbox"/> Pursuant to P.B. § 3-8 counsel who files this appeal is appearing in lieu of : _____ NAME AND JURIS NO. OF COUNSEL					

ATTACHMENTS

INDICATE WHICH OF THE FOLLOWING ARE ATTACHED BY PLACING AN "X" IN THE PROPER BOX(ES)					
<input type="checkbox"/> 1. PRELIMINARY STATEMENT OF THE ISSUES <input type="checkbox"/> 2. DOCKETING STATEMENT (Failure to provide completed form, listing name, address, telephone no. and juris no. of all parties of record may result in the return of this appeal.) <input type="checkbox"/> 3. COURT REPORTER'S ACKNOWLEDGMENT/CERTIFICATE RE: TRANSCRIPT <input type="checkbox"/> 4. PRELIMINARY DESIGNATION OF PLEADINGS <input type="checkbox"/> 5. NOTICE OF SEALING ORDER					

CERTIFICATION (P.B. § 63-3)

I hereby certify that a copy hereof was served on all counsel and pro se parties of record as specified below or in the attached list in accordance with the provisions of P.B. § 62-7 on:		DATE	SIGNED (Individual counsel)
LIST PERSONS SERVED, INCLUDING NAME, ADDRESS, TELEPHONE AND FACSIMILE NUMBERS. USE ADDITIONAL SHEETS, IF NECESSARY			

To be completed by trial court clerk

Date entry fee paid or determination no fees required: _____ OR

Date fees, costs and security waived: _____ AND

Date appeal filed: _____

SIGNED (Trial Court Clerk): _____

FOR APPELLATE CLERK'S OFFICE USE ONLY